

# Medical Assessments, Inc.

4833 Thistledown Dr.  
Fort Worth, TX 76137  
P: 817-751-0545  
F: 817-632-9684

## Notice of Independent Review Decision

April 29, 2014

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

22551 Anterior Cervical Discectomy and Fusion @ C5-6, 22845 Insert Spine Fixation Device, 22851 Apply Spine Prosthetic Device, 20930 Allograft, 20936 Autograft, 20937 Autograft

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a man with an occupational accident date of xx/xx/xx. The claimant sustained a left tib/fib fracture. The claimant is post ORIF on 7/9/13.

ER Report. **CT Abdomen/Pelvis W Contrast Impression:** No acute abnormalities are seen within the abdomen/pelvis.

**CT of the cervical spine without IV contrast Impression:** 1. No acute intracranial abnormality. 2. No acute cervical spine fracture or dislocation. 3. Mild multilevel degenerative changes of the cervical spine, most significant at C5-C6, with mild bilateral neural foraminal narrowing. 4. Multiple thyroid nodules,

bilaterally. Non-emergent thyroid ultrasound can be obtained for further evaluation.

**CT Chest with Contrast Impression:** Normal contrast enhanced CT of the chest.

**CT of the cervical spine without IV contrast Impression:** 1. No acute intracranial abnormality. 2. No acute cervical spine fracture or dislocation. 3. Mild multilevel degenerative changes of the cervical spine, most significant at C5-C6, with mild bilateral neural foraminal narrowing. 4. Multiple thyroid nodules, bilaterally. Non-emergent thyroid ultrasound can be obtained for further evaluation.

**CT abdomen/pelvis Impression:** Nonspecific, nonobstructive bowel gas pattern.

**X-Ray of Ankle (3 Views) Impression:** Redemonstration of the distal fracture of the left tibia. No other fractures are noted at the level of the ankle or foot.

**X-Ray Femur (2 views) Impression:** No acute abnormality identified.

**X-Ray foot (3 or more views) Impression:** Redemonstration of the distal fracture of the left tibia. No other fractures are noted at the level of the ankle or foot.

**X-Ray hand (3 or more views) Impression:** Soft tissue swelling with no evidence of acute fracture or dislocation.

**X-Ray hand (3 or more views) Impression:** Soft tissue swelling with no evidence of acute fracture or dislocation.

**X-Ray Knee (1 or 2 views) Impression:** Fractures of the left distal tibia proximal fibula as described.

**X-Ray Pelvis (1 view) Impression:** Senescent/degenerative changes.

**X-Ray Tibia Fibula (2 views) Impression:** Status post intramedullary nailing of the tibia with improved alignment and expected post surgical changes.

**X-Ray Knee (1 or 2 views) X-Ray Fibula (2 views) Impression:** Fractures of the left distal tibia and proximal fibula as described.

**X-Ray Wrist (3 views) Impression:** Soft tissue swelling with no evidence of acute fractures or dislocation.

**X-Ray chest (1 view) Impression:** No acute radiographic abnormality.

**Plain Films - CXR Normal, Pelvis Normal, Other films R hand wrist forearm-Impression:** Soft tissue swelling with no evidence of acute fracture or dislocation.

09/25/2013: Follow report. Claimant returned for follow up of his left tib-fib fracture with open reduction internal fixation and rod, and his right ankle sprain which is demonstrable on an MIR showing an ATFL injury, fibular contusion, peroneal tendinitis and plantar fasciitis.

**Plan:** He is going to be referred out to see for his neck and back injury. At that time, they may need PT for his neck and back, and they can combine.

11/19/2013: MRI C-Spine WO Contrast. **Impression:** 1. Multilevel disc bulges and disc protrusion described as above. 2. Mild spinal canal stenosis and mild right neural foraminal narrowing identified at C5-C5 level. 3. Less than 1cm hemangioma identified at the T1 vertebral body.

12/11/2013: Initial Evaluation. **History:** The patient presented with neck and right arm pain following a motor vehicle accident. He has severe neck pain, pain

radiating into his right arm, into the second and third rays. This is exacerbated by mechanical activity, range of motion. He is currently going to therapy for his legs at this point in time, but suffering now from low back symptoms. **Physical Exam:** He has decreased range of motion of his cervical spine, subtle positive Spurling sign to the right. He has some spasm. He has no motor deficits, some C6 sensory changes. **Impression:** Radiculitis. **Plan:** I am going to add therapy for his neck symptoms.

12/18/2013: Physical Therapy Re-Evaluation. **Assessment:** The claimant has limited cervical active range of motion in all planes as well as myotomal weakness in the right C5 and C6 myotomes. He has muscular tightness and pain in the cervical and shoulder girdle musculature, which limits his cervical range of motion in all planes. **Plan:** The claimant is to be seen two times a week for eight weeks with treatment to include therapeutic exercise, neuromuscular reeducation, manual therapy, cervical traction, ultrasound, and electrical stimulation. The claimant will also be instructed a home exercise program.

01/09/2014: Office visit. **Current Medications:** Mobic 7.5mg, Neurontin 100mg, hydrocodone 10mg. **PE:** The claimant is noted to have a physical examination tenderness of the cervical spine, a positive right Spurling's test of the claimant revealed 5-/5 strength of the bilateral upper extremities to include the biceps, triceps, wrist extensors, and wrist flexors. **Plan:** Cervical epidural steroid injection for disc herniation with right arm radiculitis since an injury on 7/8/13. The claimant is doing physical therapy and the injections should alleviate symptoms and allow him to progress with therapy and rehabilitation. The interlaminar epidural steroid injection was explained.

02/10/2014: Progress Notes. The claimant reported he had pain located in the right neck and middle neck with headaches rated 7/10 radiating to the base of the skull with tenderness palpation associated decreased visual acuity. **PE:** Claimant's deep tendon reflexes were normal and equal. Sensory examination was intact to light touch distally and motor examination noted 5/5 strength in all major flexors and extensors. The claimant had decreased range of motion of the cervical spine, tenderness to palpation at the right base of the skull at C5, C6 and C7. **Assessment:** HA post. Head injury. 1. Cervicalgia. 823. 1. Frax. To LE. **Plan:** Claimant has demonstrated progress towards functional goals and would benefit from additional visits. Prescriptions provided for: Norco 7.5mg. Medications dispensed: One tube of Biofreeze was dispensed to claimant with instructions. Pt is to do no activity until recheck. Per Ortho. Recheck in 3 weeks.

03/05/2014: Letter. It was related that on exam the patient has a significant loss of range of motion of his cervical spine, positive Spurling on the right, negative on the left. He has slight deltoid biceps and triceps weakness at 4-/5 with C6 sensory changes on exam. He has loss of his right biceps reflex and brachioradialis and triceps reflexes diminished. Left-sided reflexes are relatively normal. No signs of myelopathy at this time. It was opined that he would not doubtably likely need surgery as his symptoms have significantly declined over the last three months. He was denied for an injection. An Injection was still

thought to be needed to help improve his pain. He would apply for an ACDF at C5/6.

03/26/2014: UR performed. Rational for Denial: The Official Disability Guidelines support the recommendation for discectomy and fusion for those patients with evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spruling's test. There should also be evidence of motor deficit or reflex changes. Also, an abnormal imaging study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. Finally, there must be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. While the documentation submitted for review indicates positive findings of a Spruling's test with corresponding C6 dermatomal changes and decrease and loss of upper extremity reflexes and limited range of motion of the cervical spine; there is a lack of documentation indicating the patient has completed 6 to 8 weeks of conservative treatments prior to the request for surgery. Given the above, the request for anterior cervical discectomy and fusion at C5-6 with CPT codes 22551, 22845, 22851, 20930, 20936, 20937 is non-certified.

03/27/2014: Office visit. **PE:** Musculoskeletal: Tender @ cervical spine, positive right Spurling's. **DX:** 847.0 Sprain of Neck. 722.0 Displacement of Cervical Intervertebral Disc. 723.4 Brachial neuritis or radiculitis. **Plan:** Cervical epidural steroid injection for disc herniation with right arm radiculitis since an injury on xx/xx/xx. The injection will involve needle placement at the C6-7 interspace and flow is expected cephalad to cover C5-6 also. The claimant is doing physical therapy and the injection should alleviate symptoms and allow him to progress with therapy and rehabilitation. **Medication:** Mobic 7.5, Neurontin 100mg, hydrocodone 10mg, acetaminophen 325mg.

04/03/2014: UR performed. Rational for Denial: The Official Disability Guidelines recommend a lumbar discectomy with evidence of radicular pain and sensory symptoms in the cervical distribution that involves cervical level or presence of a positive Spruling's test with evidence of motor deficits or reflex changes, positive EMG findings that correlate with the cervical level. With abnormal imaging studies that must show positive findings that correlate with nerve root involvement found with previous objective physical and/or diagnostic examinations. With other etiologies of pain such as metabolic sources related to diabetes or thyroid disease have been addressed prior to surgical procedures. The patient has received and failed at least 6 to 8 weeks trial of conservative care. An anterior cervical fusion is recommended in combination with anterior cervical discectomy for approved indications. A male who was involved in a motor vehicle pedestrian accident on xx/xx/xx. The patient is noted to have suffered a fracture of his left lower extremity and to have undergone an open reduction internal fixation of the left tibia and fibula on 07/09/2013. He has reported to have treated conservatively following the surgery with an unknown number of sessions of postoperative physical therapy and is noted to have complaints of right-sided neck pain with radiation of pain to his right upper extremity. An MRI of the cervical spine

performed on 11/19/2013 that noted a 3mm disc protrusion with mild spinal canal stenosis and mild right neural foraminal narrowing. The patient is noted to have been referred for a cervical epidural steroid injection which was non-certified. The he had been referred for cervical physical therapy which was also non-certified. On a physical examination the patient is reported to have a loss of range of motion of the cervical spine, positive Spruling's on the right, slight weakness of the deltoid and biceps and mild triceps weakness at 4-/5 with changes in the C6 dermatome on a sensory examination. Loss of his right biceps and brachioradialis reflex on the right and diminished right triceps reflex. The patient is noted to have had findings of modules bilaterally in the thyroid on a CT performed on 09/08/2013 and there is no indication that this has been evaluated or treated. As such, the requested cervical discectomy and fusion does not meet guideline recommendations. Base on the above, the request for an anterior cervical discectomy and fusion at C5-6 insert spine fixation device applies spine prosthetic device allograft and autograft times 2 is non-certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous determination has been overturned. After careful review of the records and ODG Guidelines for surgery, it is my opinion that this claimant should have an anterior cervical discectomy and fusion at C5-6. The claimant has imaging studies confirming nerve root impingement and sign and symptoms of C6 Radiculopathy. Therefore, the request for 22551 Anterior Cervical Discectomy and Fusion @ C5-6, 22845 Insert Spine Fixation Device, 22851 Apply Spine Prosthetic Device, 20930 Allograft, 20936 Autograft, 20937 Autograft is certified.

**ODG Guidelines:**

**ODG Indications for Surgery™ -- Discectomy/laminectomy --**

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral quadriceps weakness/mild atrophy
  - 2. Mild-to-moderate unilateral quadriceps weakness
  - 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
  - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
  - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
  - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
  - 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
  - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
  - 3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

- 1. [MR](#) imaging
- 2. [CT](#) scanning
- 3. [Myelography](#)
- 4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. [Activity modification](#) (not bed rest) after [patient education](#) ( $\geq$  2 months)

B. Drug therapy, requiring at least ONE of the following:

- 1. [NSAID](#) drug therapy
- 2. Other analgesic therapy
- 3. [Muscle relaxants](#)
- 4. [Epidural Steroid Injection](#) (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

- 1. [Physical therapy](#) (teach home exercise/stretching)
- 2. [Manual therapy](#) (chiropractor or massage therapist)
- 3. [Psychological screening](#) that could affect surgical outcome
- 4. [Back school](#) ([Fisher, 2004](#))

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &  
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY  
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR  
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW  
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &  
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**